

Case Number:	CM15-0203741		
Date Assigned:	10/20/2015	Date of Injury:	01/08/2009
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year old male, who sustained an industrial injury on 1-8-2009. The injured worker is undergoing treatment for: cervical sprain and strain, knee sprain and strain, shoulder sprain and strain, headaches, lumbar sprain and strain. On 9-1-15 and 9-22-15, he reported pain to the low back, neck, bilateral shoulder, left elbow and bilateral knees. He rated his low back pain 8 out of 10, neck pain 7 out of 10. He indicated there to be radiating pain into the bilateral shoulders and upper back. Physical examination revealed tenderness in the lumbar, positive bilateral straight leg raise testing, decreased sensory on right L4 and L5, decreased lumbar range of motion, decreased right shoulder range of motion, positive left shoulder impingement sign, and decreased shoulder ranges of motion bilaterally, tenderness in the left knee. There is no discussion of pain reduction with Tramadol. The treatment and diagnostic testing to date has included: gastric emptying study (9-25-15), urine toxicology (9-22-15) reported as within normal limits, home exercise program, TENS, back support, walker, knee brace, and acupuncture. Medications have included: Norco, gabapentin, and tramadol. The records indicate he has been utilizing Tramadol since at least August 2015, possibly longer. Current work status: off work. The request for authorization is for: Tramadol 50mg quantity 60. The UR dated 10-2-2015: non-certified the request for Tramadol 50mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Norco and Tramadol for an unknown length of time. No one opioid is superior to another. Long-term use is not indicated. Pain score reduction with its use is not provided continued Tramadol use is not medically necessary.